

**CT-IFTA-2**  
**Application For**  
**International Fuel Tax Agreement**  
**(IFTA) License**  
**Connecticut Carrier**

**Calendar Year 2006**

If registered, enter  
Connecticut Tax Registration Number

Please read all instructions on back before completing.

☐ Please check if your mailing address  
has changed and indicate new address.

1. Reason for Applying

☐ New Account ☐ Registration of Additional Vehicles ☐ Other (Please Explain)

2. Owner's Name, Partnership Name, Corporate Name, or LLC Name

Federal Employer ID Number

3. Trade Name or Registered Name (If different from Line 2)

Social Security Number

4. Physical Location of This Business (a PO Box is not acceptable)

ZIP plus 4

Telephone Number

5. Business Mailing Address (If different from Line 4)

ZIP plus 4

United States DOT Number

6. Name and Home Address of Owner, Partner, Corporate Officer, or LLC Member

Zip Plus 4

Social Security Number

7. Name and Home Address of Owner, Partner, Corporate Officer, or LLC Member

Zip Plus 4

Social Security Number

8. Type of Ownership (If **Other**, attach explanation) ☐ Other

☐ Sole Proprietor ☐ General Partnership ☐ Limited Partnership ☐ Corporation ☐ S Corporation

☐ Limited Liability Company (LLC)

☐ Single member LLC

☐ Check if taxed as a corporation

☐ Check if taxed as a corporation

8a. Organized Under Laws of What State?

9. Are you currently or have you been registered with another jurisdiction under the International Fuel Tax Agreement? ☐ Yes ☐ No  
If "Yes," enter the name of the jurisdiction.

10. Describe in detail the type of business you operate.

11. Do you store fuel in bulk? ☐ Yes ☐ No If "Yes," Where is the fuel stored? \_\_\_\_\_

11a. Types of fuel used \_\_\_\_\_ Diesel \_\_\_\_\_ Gasoline \_\_\_\_\_ Ethanol \_\_\_\_\_ Propane \_\_\_\_\_ Natural Gas  
\_\_\_\_\_ A-55 \_\_\_\_\_ E-55 \_\_\_\_\_ M-85 \_\_\_\_\_ Gasohol \_\_\_\_\_ LNG \_\_\_\_\_ Methanol

12. List lessors who lease vehicles to you. (Attach additional sheets if needed.)

**Name**

**Address**

13. Enter (X) for the jurisdictions in which you operate or anticipate operating:

___ AL - Alabama	___ KY - Kentucky	___ NH - New Hampshire	___ SD - South Dakota	___ AB - Alberta
___ AZ - Arizona	___ LA - Louisiana	___ NJ - New Jersey	___ TN - Tennessee	___ BC - British Columbia
___ AR - Arkansas	___ ME - Maine	___ NM - New Mexico	___ TX - Texas	___ NB - New Brunswick
___ CA - California	___ MD - Maryland	___ NY - New York	___ UT - Utah	___ MB - Manitoba
___ CO - Colorado	___ MA - Massachusetts	___ NC - North Carolina	___ VA - Virginia	___ ON - Ontario
___ CT - Connecticut	___ MI - Michigan	___ ND - North Dakota	___ VT - Vermont	___ QC - Quebec
___ DE - Delaware	___ MN - Minnesota	___ OH - Ohio	___ WA - Washington	___ SK - Saskatchewan
___ FL - Florida	___ MS - Mississippi	___ OK - Oklahoma	___ WV - West Virginia	___ NL - Newfoundland
___ GA - Georgia	___ MO - Missouri	___ OR - Oregon	___ WI - Wisconsin	___ NW - NW Territory
___ ID - Idaho	___ MT - Montana	___ PA - Pennsylvania	___ WY - Wyoming	___ NS - Nova Scotia
___ IL - Illinois	___ NE - Nebraska	___ RI - Rhode Island		___ PE - Prince Edward Isle
___ IN - Indiana	___ NV - Nevada	___ SC - South Carolina		___ YU - Yukon Territory
				___ DC - District of Columbia

**Fees:** This section must be  
completed by all applicants.

14. Enter total number of qualified  
vehicles to be registered.

Number of Qualified Vehicles

Fee

Amount Due

X \$10 =

Make check or money order payable to: **Commissioner of Revenue Services**

**Declaration:** I declare under the penalty of false statement that I have examined this application, **CT-IFTA-2**, and to the best of my knowledge and belief it is true, complete, and correct. The applicant agrees to comply with reporting, payment, recordkeeping, and license display requirements as specified in the International Fuel Tax Agreement. The applicant further agrees that base jurisdiction may withhold any refunds due if the applicant is delinquent in paying fuel taxes due any member jurisdiction. Failure to comply with these provisions shall be grounds for revocation of the IFTA license. I understand that IFTA decals may not be transferred by me to another person, or from one vehicle to another.

X

Authorized Signature

Title

Date

**— Decals Are Not Transferable From Vehicle to Vehicle or From Company to Company —**

**Do not use this International Fuel Tax Agreement (IFTA) application to request Connecticut motor carrier road tax decals. For Connecticut motor carrier road tax decals, please request and return Form REG-3MC, Application for Motor Carrier Road Tax.**

Qualified motor vehicles are those used, designed, or maintained for transportation of persons or property **and**:

1. Have two axles and a gross vehicle weight or registered gross vehicle weight exceeding 26,000 pounds or 11,797 kilograms; **or**
2. Have three or more axles regardless of weight; **or**
3. Are used in combination, when the weight of such combination exceeds 26,000 pounds or 11,797 kilograms gross vehicle or registered gross vehicle weight.

The term **qualified motor vehicle** does not include recreational vehicles.

**You may not transfer IFTA decals to another person, or from one vehicle to another.**

### Instructions

1. Reason for applying: Indicate new account, registration of additional vehicles, or other reason (renewal, replacement decals, or change of ownership). If there has been a **change of identity or form of ownership or organization**, you must apply for a new CT-IFTA Number (use this Form CT-IFTA-2). If you are registered with the Connecticut Department of Revenue Services (DRS), enter your Connecticut Tax Registration Number in the upper right corner of this form.
2. Print name of owner, partnership, limited liability company, or corporate name. Enter proprietor's name if a sole proprietorship.
3. Print trade or registered name if different from Line 2. A trade or registered name is the name **under which business is done**, but not necessarily the owner's name. Example: If John Travel is the proprietorship entered on Line 2, but John T. Trucker Co. is the name chosen by John Travel for his business, then John T. Trucker Co. is the name he would enter on Line 3.
4. Print physical location of business (PO boxes are not acceptable). Indicate where business is actually located.
5. Print mailing address of business if different from Line 4. Only complete this if different from the business address listed above.
6. Print name and home address of proprietor, partner, LLC member, or corporate officer. Identify proprietor, if a sole proprietorship; partners, if a partnership; or officers, if a corporation.
7. Print home address of partner, limited liability member, or corporate officer.

8. Type of ownership (if other, attach explanation): Indicate the type of business and enter its Federal Employer Identification Number. If it is a sole proprietorship with no employees and is not required to have a Federal Employer Identification Number, enter the proprietor's Social Security Number.
- 8a. Enter the name of the state under the laws of which the business is organized.
9. Indicate whether you are currently or were previously registered with another jurisdiction for the International Fuel Tax Agreement. If you checked "Yes," on Line 9, enter the name of the jurisdiction you are currently or were previously registered in for the IFTA.
10. Describe in detail the type of business you operate.
11. Indicate if you store fuel in bulk and where it is stored.
- 11a. Types of fuel used: Enter an X to indicate the type(s) of fuel used in your qualified motor vehicles.
12. Enter name(s) of lessor(s) who lease vehicles to you. Attach list if needed.
13. Enter an X indicating the jurisdictions in which you are likely to operate.
14. Indicate the number of IFTA qualified motor vehicles requiring decals. Two numbered decals will be issued for each qualified motor vehicle. One decal must be placed on the lower rear exterior of the passenger side cab door and the matching decal must be placed on the lower rear exterior of the driver side cab door of each vehicle.

This application must be signed by an owner, partner, corporate officer, or LLC member.

Failure to complete all items on this application may result in a delay in processing your application.

Make your check payable to: **Commissioner of Revenue Services**. DRS may submit your check to your bank electronically.

Return the completed application with full payment to:

Department of Revenue Services  
Registration Section  
PO Box 2937  
Hartford CT 06104-2937

If you need additional information or assistance about applications or registering your vehicle(s), please call DRS, Registration Section, at **860-297-4870**, Monday through Friday, 8:30 a.m. to 4:30 p.m.